

INDIVIDUAL HEALTH CHECKLIST LIMITED HEALTH SERVICE BENEFIT PLAN

- () Review with Basic Insurance Policy Checklist**
- () Review with Checklist for Grievance & Appeals of Limited Health Service Benefit Plan**

Mandatory Provisions/Benefits

The following provisions must be included in the individual policies. If they do not appear, check the statute to be sure it applies to the type policy being reviewed. See KRS 304.17-300 as a general reference.

- () KRS 304.17-030(1) Entire money and other consideration
- () KRS 304.17-030(2) Date and duration
- () KRS 304.17-030(3) Insure only one person unless family policy
- () KRS 304.17-030(4) No undue prominence to any portion of text
- () KRS 304.17-030(5) Exceptions and reductions specified
- () KRS 304.17-030(6) Form number in the lower left hand corner of the first page
- () KRS 304.17-050 Entire contract
- () KRS 304.17-060 Limitation on defenses and incontestability (3 years)
- () KRS 304.17-070 Grace period
- () KRS 304.17-080 Reinstatement
- () KRS 304.17-090 Notice of claim (60 days)
- () KRS 304.17-100 Claim forms (15 days)
- () KRS 304.17-110 Proof of loss (90 days)
- () KRS 304.17-120 Time of payment of claims (30 days)
- () KRS 304.17-130 Payment of claims at the insured's death
- () KRS 304.17-140 Physical examination and autopsy

- () KRS 304.17-150 Legal actions (60 days to 3 years)
- () KRS 304.17-160 Change of beneficiary
- () KRS 304.17-170 Right to examine and return policy (10 days)
(Must be on face page)
- () KRS 304.17-270 Right to refuse renewal
- () KRS 304.17-310 Continuance of coverage for handicapped child
- () KRS 304.17C-030 Disclosure of covered services, restrictions or limitations,
financial responsibility of covered person, prior
authorization requirements or any review requirements
with respect to covered services, where and how services
may be obtained, changes in covered services, covered
persons right to appeal, procedures for appeal and
measures to ensure confidentiality of the relationship
between an enrollee and a health care provider

The following must be covered. If not specifically mentioned as a benefit, they may not be excluded.

- () KRS 304.14-370 Binding arbitration cannot be required.
Arbitration can be an option.
- () KRS 304.17-305 Indemnity payable for services performed by optometrists,
osteopaths, physicians, or chiropractors
- () KRS 304.17-319 Coverage for TMJ
- () KRS 304.12-013 Coverage for AIDS

Optional Provisions

The following provisions may be included. See KRS 304.17-300 as a general reference.

- () KRS 304.17-190 Change of occupation
- () KRS 304.17-200 Misstatement of age
- () KRS 304.17-210 Other insurance in this insurer
- () KRS 304.17-220 Insurance with other insurers
- KRS 304.17-230

- () KRS 304.17-240 Relation of earnings to insurance
- () KRS 304.17-250 Unpaid premium
- () KRS 304.17-260 Conformity with state statutes
- () KRS 304.17-280 Illegal occupation
- () KRS 304.17-290 Use of intoxicants
- () KRS 304.14-230(1) The policy may be delivered by electronic transfer, by agreement between the insurer and the insured or the person entitled to receive the policy.

Prohibited Provisions

- () KRS 304.5-160 No health insurance contract shall cover abortion except by rider.
- () KRS 304.17-030(7) Incorporation by reference of charter, rules, constitution, or by-laws of insured
- () KRS 304.17-360 Benefits or values for surviving or continuing policyholders contingent upon termination or lapse of other policyholders
- () 806 KAR 17:050 Limit or exclude obligation to pay because insured is eligible for or receiving Medicaid

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